

Paediatric Sports Medicine Grant

Application Form

Application deadline: April 30

(Please type of print clearly)

Section 1 – Applicant Data

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Training: Paediatric resident Paediatric fellow

Training Year: 1 2 3 4 5

If fellowship or 4th year, please specify specialty: _____

Section 2 – Program Information

First Name: _____ Last Name: _____

Institution: _____ Department: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Section 3 – Elective Information

Location: _____

Start Date: _____ End Date: _____
Month/Day/Year Month/Day/Year**Preceptor**Salutation: Dr. Mr. Mrs. Ms.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Additional documents required:

- A letter of intent (max 300 words; MS Word format only) outlining the details of the elective, specifically stating why you are interested in doing this elective and what you hope to gain from the experience.
- A letter from the preceptor (MS Word format only) confirming agreement to support the elective, as well as outlining the details of the elective.

Section 4 – Other Funding

The following questions pertain to additional funding you have either applied for or been granted for this elective - this includes your fellowship/residency training program or outside organizations.

Have you applied for or been granted funding to help support this elective? Yes No

If yes, specify organization or program and amount granted/applied for below

Organization: _____ Amount: \$ _____

Please return completed application to:

CPS Paediatric Sports Medicine Grant
2305 St. Laurent Blvd
Ottawa ON K1G 4J8**Submission deadline: April 30**